UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

PAYMENT ADVICES COVER SHEET

in Accordance With 11 U.S.C. Sec. 521(a)(1)(B)(iv)

In re: FERNANDO ARTURO SAILLANT

Debtor(s)

Case No. 17-40310-cec

Chapter: 13

U.S. BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK CLERK
2017 FEB 13 P 12:06
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Please Check the Appropriate Box.

For Debtor:

☐ Payment Advices are Attached.

- Number of Payment Advices Attached: ________
- Period Covered: ________________(If period covered is less than 60 days or 8 weeks, attach an explanation)
- Number of Employers From Whom Debtor Received Payment Advices During the 60 Days Prior to Filing the Bankruptcy Petition: ________

For Joint Debtor, if applicable:

☐ Payment Advices are Attached.

- Number of Payment Advices Attached: ________
- Period Covered: ________________(If period covered is less than 60 days or 8 weeks, attach an explanation)
- Number of Employers From Whom Debtor Received Payment Advices During the 60 Days Prior to Filing the Bankruptcy Petition: ________

For Debtor:

☐ No Payment Advices are Attached (the debtor had no income from any employer during the 60 Days Prior to Filing the Bankruptcy Petition).

☑ No Payment Advices are Attached for Some Other Reason. *(Attach an explanation)* SELF-EMPLOYED

For Joint Debtor, if applicable:

☐ No Payment Advices are Attached (the debtor had no income from any employer during the 60 Days Prior to Filing the Bankruptcy Petition).

☐ No Payment Advices are Attached for Some Other Reason. *(Attach an explanation)*

I declare under penalty of perjury that I have read this Payment Advices Cover Sheet and the attached payment advices, consisting of sheets, numbered 1 through , and that they are true and correct to the best of my knowledge, information and belief.

Signature of Debtor: X [signature] Date: 2/13/17

Signature of Joint Debtor: ____________ Date: ____________